

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MM	75231	
O.I.P.E. CLASSIFIER		5-7	105
FORMALITY REVIEW	DB	65373	10/13/99 1/3/00

### INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)	Canceled	A	Appeal
÷	Restricted	D	Objected

Claim	Final	Original	C.I.F.	Date
1	✓	✓	✓	7/1/00
2	✓	✓	✓	7/1/00
3	✓	✓	✓	7/1/00
4	✓	✓	✓	7/1/00
5	✓	✓	✓	7/1/00
6	✓	✓	✓	7/1/00
7	✓	✓	✓	7/1/00
8	✓	✓	✓	7/1/00
9	✓	✓	✓	7/1/00
10	✓	✓	✓	7/1/00
11	✓	✓	✓	7/1/00
12	✓	✓	✓	7/1/00
13	✓	✓	✓	7/1/00
14	✓	✓	✓	7/1/00
15	✓	✓	✓	7/1/00
16	✓	✓	✓	7/1/00
17	✓	✓	✓	7/1/00
18	✓	✓	✓	7/1/00
19	✓	✓	✓	7/1/00
20	✓	✓	✓	7/1/00
21	✓	✓	✓	7/1/00
22	✓	✓	✓	7/1/00
23	✓	✓	✓	7/1/00
24	✓	✓	✓	7/1/00
25	W	✓	✓	✓
26	✓	✓	✓	
27	✓	✓	✓	
28	✓	✓	✓	
29	✓	✓	✓	
30	✓	✓	✓	
31	✓	✓	✓	
32	✓	✓	✓	
33	✓	✓	✓	
34	✓	✓	✓	
35	✓	✓	✓	
36	✓	✓	✓	
37	✓	✓	✓	
38	✓	✓	✓	
39	✓	✓	✓	
40	✓	✓	✓	
41	✓	✓	✓	
42	✓	✓	✓	
43	✓	✓	✓	
44	✓	✓	✓	
45	✓	✓	✓	
46	✓	✓	✓	
47	✓	✓	✓	
48	✓	✓	✓	
49	✓	✓	✓	
50	W	✓	✓	

Claim	Final	Original	C.I.F.	Date
51	✓	✓	✓	7/1/00
52	✓	✓	✓	7/1/00
53	✓	✓	✓	7/1/00
54	✓	✓	✓	7/1/00
55				
56				
57				
58				
59				
60				
61				
62				
63				
64				
65				
66				
67				
68				
69				
70				
71				
72				
73				
74				
75				
76				
77				
78				
79				
80				
81				
82				
83				
84				
85				
86				
87				
88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				

Claim	Final	Original	C.I.F.	Date
110				
112				
113				
114				
115				
116				
117				
118				
119				
120				
121				
122				
123				
124				
125				
126				
127				
128				
129				
130				
131				
132				
133				
134				
135				
136				
137				
138				
139				
140				
141				
142				
143				
144				
145				
146				
147				
148				
149				
150				

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)